PTO/SB/32 (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
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Under the Paperwork Reduction Act of 1995, no REQUEST FOR ORAL			on unless it displays a valid OMB control number et No. (Optional)					
THE BOARD OF PATENT APPE		HO-P00965US0						
In re Application of James M. Musser et al.								
Application Number Filed								
	08/160,965	. *	December 2, 1993					
			EINE PROTEASE AND NST GROUP A STREPTOCOCCI					
	Art Unit 1645	Exam	iner J. A. Hines					
Applicant hereby requests an oral hearing above-identified application.	g before the Board of Patent Ap	peals and Int	erferences from in the appeal of the					
The fee for this Request for Oral Hearing	is (37 CFR 1.17(d))		\$ 290.00					
Applicant claims small entity state shown above is reduced by half,	us. See 37 CFR 1.27. Therefor	e, the fee	\$					
x A check in the amount of the fee	is enclosed.							
	50,0000 (s. s.u.s.) s.d.		• •					
Payment by credit card. Form P1	U-2038 is attached.							
The Director has already been authorized to charge fees in this application to a Deposit Account.  I have enclosed a duplicate copy of this sheet.								
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No I have enclosed a duplicate copy of this sheet.								
A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.								
I am the			(1) 1					
applicant/inventor.			Signature					
assignee of record of the entire in See 37 CFR 3.71. Statement un (Form PTO/SB/96).			Melissa W. Acosta					
(. 5 15.55.65).			Typed or printed name					
attorney or agent of record.			(713) 651-5407					
Registration number	·		Telephone number					
x attorney or agent under 37 CFR 1.34(a).								
Registration number if acting under 37 CFR 1.34(a). 45,872 May 24, 2004								
NOTE: Signatures of all the inventors or ass Submit multiple forms if more than one signa	ignees of record of the entire interest of ture is required, see below*.	or their represent	Date ative(s) are required.					
*Total of1 forms are subm	itted.							
	<del></del>							
Request for Oral Hearing Before BPAI								

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER509328199US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

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Dated: May 24, 2004

\_\_\_ (Staci Harris)

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PTO/SB/17 (10-03)

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		for	FY	200	4	

Effective 10/01/2003, Patent fees are subject to annual revision.

	Applicant claims small entity state	us. See :	37 CFR 1.27
TOTAL	AMOUNT OF PAYMENT	(2)	200.00

Complete if Known					
Application Number	08/160,965				
Filing Date	December 2, 1993				
First Named Inventor	James M. Musser				
Examiner Name	J. A. Hines				
Art Unit	1645				
Attorney Docket No.	HO-P00965US0				

	Attorney Docket No. 110-P00903030												
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)								
X Check Card Money Other None					3. A	DDITIO	ONAL	FEES					
Deposit Account:													
	Sit Accou	nt:				Large Entity Small Entity							
Deposit Account			06-2375			Fee Fee Fee							
Number						Code	(\$)	Code	(\$)		Fee Description	Fee Paid	
Deposit Account	Fulk	origh	t & Jawors	ki L.L.P.		1051	130	2051	65	Surchar	rge – late filing fee or oath		
Name The Director	is autho	orized	to: (check all th	at apply)		1052	50	2052	25	Surchar sheet.	rge – late provisional filing fee or cover		
	fee(s) ind			רייי ר	overpayments	1053	130	1053	130		glish specification	<del></del>	
				J ,									
X Charge	any addit	ional fe	ee(s) or any und	erpayment of	fee(s)	1812	2,520	1812	2,520	_	g a request for ex parte reexamination		
Charge fee(s) indicated below, except for the filing fee				1804	920*	1804	920*		iting publication of SIR prior to er action				
to the above-identified deposit account.				1805	1,840*	1805	1,840*		sting publication of SIR after er action				
		FEE (	CALCULAT	ION		1251	110	2251	55		on for reply within first month		
1. BASIC	FILING	FEE				1252	420	2252	210	Extensi	on for reply within second month		
Large Entity	Small	Entity	i			1253	950	2253	475	Extensi	on for reply within third month		
Fee Fee Code (\$)	Fee Code	Fee (\$)	Fee Des	cription	Fee Paid	1254	1,480	2254	740	Extensi	on for reply within fourth month		
1001 770	2001	385	Utility filir	ng fee		1255	2,010	2255	1,005	Extensi	on for reply within fifth month		
1002 340	2002	170	Design fil	ing fee		1401	330	2401	165	Notice o	of Appeal		
1003 530	2003	265	Plant filin	g fee		1402	330	2402	165	Filing a	brief in support of an appeal		
1004 770	2004	385	Reissue	filing fee		1403	290	2403	145	Reques	t for oral hearing	290.00	
1005 160	2005	80	Provision	al filing fee		1451	1,510	1451	1,510	Petition	to institute a public use proceeding		
		elib.	TOTAL (1)	(\$)	0.00	1452	110	2452	55	Petition	to revive – unavoidable		
		306	IOIAL (I)	(4)	0.00	1453	1,330	2453	665	Petition	to revive - unintentional		
2. EXTRA	CLAIN	IFEE	S FOR UTI		REISSUE	1501	1,330	2501	665	Utility is	ssue fee (or reissue)		
			Extra Claims	Fee from below	Fee Paid	1502	480	2502	240	Design	issue fee		
Total Claims	$ \Box $	-** =		=		1503	640	2503	320	Plant is:	sue fee		
Independent Claims		-** =	:	=		1460	130	1460	130	Petition	s to the Commissioner		
Multiple Depe	ndent					1807	50	1807	50	Process	sing fee under 37 CFR 1.17(q)		
Large Entity	Small I	Entity	_			1806	180	1806	180	Submis	sion of Information Disclosure Stmt		
Fee Fee Code (\$)	Fee Code	Fee (\$)	•	e Descriptio	<u>on</u>	8021	40	8021	40		ing each patent assignment per y (times number of properties)		
1202 18	2202	9	Claims in exce	ess of 20		1809	770	2809	385		submission after final rejection		
1201 86	2201	43	Independent of	laims in exc	ess of 3	4045	770	0046	205	•	R 1.129(a)) th additional invention to be	<u> </u>	
1203 290	2203	145	Multiple deper			1810	770	2810	385	examin	ed (37CFR 1.129(b))		
1204 86	2204	43	** Reissue ind over origina		aims	1801	770	2801	385		t for Continued Examination (RCE)		
1205 18	2205	9	** Reissue cla		s of 20	1802	900	1802	900		it for expedited examination sign application		
and successible to extent						Other t	ee (spe	cify)					
SUBTOTAL (2) (\$) 0.00					*Redu	ced by I	Basic Fi	ling Fee	Paid	SUBTOTAL (3) (\$)	290.00		
**or number previously paid, if greater; For Reissues, see above									_				

SUBMITTED BY	(Complete (if applicable))			
Name (Print/Type) Melissa W. Acosta	Registration No. (Attorney/Agent)	45,872	Telephone	(713) 651-5407
Signature			Date	May 24, 2004

Fee Transmittal

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Dated: May 24, 2004

Signature:

(Staci Harris)